

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013272

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3821

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. FILED APR 8 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 5217 Kensington	
3. NAME OF DECEASED (Type or print) Cleo G. Freeman		4. DATE OF DEATH 4 1 63	
5. SEX Fem.	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-14-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron		10b. KIND OF BUSINESS OR INDUSTRY Hotels	
13a. FATHER'S NAME Edward Greenfield		13b. MOTHER'S MAIDEN NAME Ella Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Marguerite Stokes		17. ADDRESS 5217 a. Kensington Ave.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		18. INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Dehydration		Undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		286.5	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis
21. I attended the deceased from 11:30 AM 3-31-63 to 4-1-63 and last saw her alive on 4-1-63		21. Death occurred at 4:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>H. H. H. M.D.</i>	22b. ADDRESS 2601 N. Whittier	22c. DATE SIGNED 4-3-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/8/63	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo
24. FUNERAL DIRECTOR C.W. Roberts Und.Co	24. ADDRESS 1416 N. Taylor Ave.	25. DATE RECD. BY LOCAL REG. APR 3 1963	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

☒ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. Claude Gordon

Licensed Embalmer No. 3489
P. O. Address 1123 N. Taylor Ave

Note: The above ~~MUST BE~~ SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.